

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

1133 Connecticut Avenue, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

in the State of

M M M / D D D / Y Y Y Y Y Y

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

in the State of

M M M / D D D / Y Y Y Y Y Y

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

through

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Randell K. Wexler, MD

Signature of Treasurer

Randell K. Wexler, MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 18 / 2012 To: M M / D D / Y Y Y Y Y Y
11 / 26 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		337366.19
(b) Cash on Hand at Beginning of Reporting Period.....	353041.00	
(c) Total Receipts (from Line 19)	49250.49	445419.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	402291.49	782785.50
7. Total Disbursements (from Line 31)	22629.48	403123.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	379662.01	379662.01
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	1	2

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

33380.64

307320.78

(ii) Unitemized

15811.62

130676.86

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

49192.26

437997.64

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

49192.26

437997.64

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

58.23

7421.67

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

49250.49

445419.31

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

49250.49

445419.31

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	714.48	7141.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	714.48	7141.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20500.00	390500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1415.00	4660.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1415.00	4660.00
29. Other Disbursements	0.00	821.50
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	22629.48	403123.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22629.48	403123.49

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	49192.26	437997.64
34. Total Contribution Refunds (from Line 28(d))	1415.00	4660.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47777.26	433337.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	714.48	7141.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	58.23	7421.67
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	656.25	-279.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 64
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Patricia Park Ahlen MD

Mailing Address 409 Spyglass Dr

City Eugene State OR Zip Code 97401-2082

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 22 / 2012

Transaction ID : C1853500

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kelly Alberda MD

Mailing Address 1425 Gorham St

City Austin State TX Zip Code 78758-3760

FEC ID number of contributing federal political committee.

C

Name of Employer

Seton Family of Doctors

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 20 / 2012

Transaction ID : C1853210

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Kelly Alberda MD

Mailing Address 1425 Gorham St

City Austin State TX Zip Code 78758-3760

FEC ID number of contributing federal political committee.

C

Name of Employer

Seton Family of Doctors

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 20 / 2012

Transaction ID : C1868977

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

310.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Janet R Albers MD

Mailing Address 612 Woodbridge Rd

City
Springfield

State
IL

Zip Code
62711-5666

FEC ID number of contributing
federal political committee.

C

Name of Employer

SIU Family Medicine Ctr

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 04 / 2012

Transaction ID : C1861836

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Suzanne M Allen MD

Mailing Address 2889 S Swallowtail Ln

City
Boise

State
ID

Zip Code
83706-6139

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Washington School of Med

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 22 / 2012

Transaction ID : C1853502

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Brent Michael Allmon MD

Mailing Address 143 N Concord Valley Cir

City
The Woodlands

State
TX

Zip Code
77382-1390

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Houston Physicians Medical Ass

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 21 / 2012

Transaction ID : C1870184

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian S Bacak MD

Mailing Address 9832 Florence Pl

City

Highlands Ranch

State

CO

Zip Code

80126-3559

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Colorado

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 23 / 2012

Transaction ID : C1856714

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Jennifer Bacani McKenney MD

Mailing Address 1525 Madison St Ste 3

City

Fredonia

State

KS

Zip Code

66736-1704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 24 / 2012

Transaction ID : C1858069

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Tom Banning

Mailing Address Exec Vice Pres TX AFP

12012 Technology Blvd Ste 200

City

Austin

State

TX

Zip Code

78727-6207

FEC ID number of contributing
federal political committee.

C

Name of Employer

TX AFP

Occupation

CEO-EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 18 / 2012

Transaction ID : C1850437

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

760.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Orrin Barbe MD

Mailing Address 120 W 16th St

City

Mountain Grove

State

MO

Zip Code

65711-1039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1365.00

Date of Receipt

11 / 12 / 2012

Transaction ID : C1862182

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Steve Bartz Md Bartz MD

Mailing Address 1939 Pine Ridge Dr

City

Janesville

State

WI

Zip Code

53545-0777

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Health System

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 31 / 2012

Transaction ID : C1861165

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Gordon Hugh Baustian MD

Mailing Address 3864 Lost Valley Rd SE

City

Cedar Rapids

State

IA

Zip Code

52403-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer

MCHSI

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

11 / 12 / 2012

Transaction ID : C1862283

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

830.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mikael Eugene Bedell MD

Mailing Address PO Box 1330

114 Gardner Place

City

Cascade

State

ID

Zip Code

83611-1330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cascade Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2012

Transaction ID : C1861198

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Melissa Blair Behringer MD

Mailing Address 301 Governors Dr Sw

City

Huntsville

State

AL

Zip Code

35801-5123

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB School of Medicine/huntsville Regi

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2012

Transaction ID : C1856713

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Salvatore Bernardo Md Bernardo MD

Mailing Address 131 Pin Oak Rd

City

Freehold

State

NJ

Zip Code

07728-9313

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2012

Transaction ID : C1857153

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 64
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Salvatore Bernardo Md Bernardo MD

Mailing Address 131 Pin Oak Rd

City

Freehold

State

NJ

Zip Code

07728-9313

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : C1858173

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Heidi M Bittner MD

Mailing Address 304 15Th Ave Se
PO Box 9037

City

Devils Lake

State

ND

Zip Code

58301-7000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Altru Clinic Lake region

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2012

Transaction ID : C1854059

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Reid B Blackwelder MD

Mailing Address 4407 Leedy Rd
201 Cassel Dr

City

Kingsport

State

TN

Zip Code

37664-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Quillen College of Medicine

Occupation

Professor, Family Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2012

Transaction ID : C1865369

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

965.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Karla L Booker MD

Mailing Address 3945 Cranbrook Ct Nw

City State Zip Code
 Lilburn GA 30047-2696

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morehouse

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 22 2012

Transaction ID : C1854061

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Julia Lett Boothe MD

Mailing Address 14670 Bel Aire Est

City State Zip Code
 Coker AL 35452-3514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pickens County Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 31 2012

Transaction ID : C1861196

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Julia Lett Boothe MD

Mailing Address 14670 Bel Aire Est

City State Zip Code
 Coker AL 35452-3514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pickens County Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 12 2012

Transaction ID : C1866577

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

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American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert C M Bourne MD

Mailing Address 1538 Dwight St

City

Redlands

State

CA

Zip Code

92373-7013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beaver Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.20

Date of Receipt

10 / 25 / 2012

Transaction ID : C1859275

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. June G Bredin MD

Mailing Address 4924 153Rd PI Sw

City

Edmonds

State

WA

Zip Code

98026-4435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sate of Washington DSHS

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

10 / 22 / 2012

Transaction ID : C1853512

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

c. June G Bredin MD

Mailing Address 4924 153Rd PI Sw

City

Edmonds

State

WA

Zip Code

98026-4435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sate of Washington DSHS

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

11 / 22 / 2012

Transaction ID : C1870084

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Neil Hurst Brooks MD

Mailing Address 36 Duncaster Ln

City

Vernon Rockville

State

CT

Zip Code

06066-4830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vernon Manor

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 22 / 2012

Transaction ID : C1853837

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ellen Sandra Brull MD

Mailing Address 830 Arbor Ln

City

Glenview

State

IL

Zip Code

60025-3234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Medicine Associates of Lutheran

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.60

Date of Receipt

11 / 09 / 2012

Transaction ID : C1864712

Amount of Each Receipt this Period

83.40

Full Name (Last, First, Middle Initial)

C. Angela Caffaratti MD

Mailing Address 345 Delegate Dr

City

Columbus

State

OH

Zip Code

43235-1470

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mt Carmel Health Providers/ Trinity

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.64

Date of Receipt

10 / 28 / 2012

Transaction ID : C1859245

Amount of Each Receipt this Period

33.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

616.73

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cory D Carroll MD

Mailing Address 1040 E Elizabeth St Ste 2

City State Zip Code
 Fort Collins CO 80524-3952

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 17 / 2012

Transaction ID : C1875042

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Lee Marvin Carter MD

Mailing Address PO BOX 506

City State Zip Code
 Huntingdon TN 38344-0506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 28 / 2012

Transaction ID : C1860103

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Brian Clifford Carty MD

Mailing Address 6215 Windham Hill Run

City State Zip Code
 Kingstowne VA 22315-3725

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Telegraph Corner Family Medicine, PC

Physician-Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 22 / 2012

Transaction ID : C1853838

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

485.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Yushu Jack Chou MD

Mailing Address 2691 E California Blvd

City

San Marino

State

CA

Zip Code

91108-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern California Permanente Medical

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2012

Transaction ID : C1856228

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Sharon Marie Colton MD

Mailing Address PO Box 39

City

Evarts

State

KY

Zip Code

40828-0039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clover Park Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2012

Transaction ID : C1860214

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Steven A Crawford MD

Mailing Address OU Physicians Family Medicine Cent
900 Ne 10Th St

City

Oklahoma City

State

OK

Zip Code

73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3666.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 16 / 2012

Transaction ID : C1875041

Amount of Each Receipt this Period

333.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

863.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Patricia A Czapp MD

Mailing Address 102 Melvin Ave

City

Annapolis

State

MD

Zip Code

21401-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anne Arundel Health System

Occupation

staff physician, Chair of Clinical Int

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2012

Transaction ID : C1850438

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John D Davis MD

Mailing Address 171 Honey Creek Ranch Rd

City

Hunt

State

TX

Zip Code

78024-3080

FEC ID number of contributing
federal political committee.

C

Name of Employer

FAMILY PRACTICE ASSOC, PA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 05 / 2012

Transaction ID : C1861726

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. John Eugene Delzell MD

Mailing Address 3901 Rainbow Blvd # 4010

St Francis Fam Prac Residency

City

Kansas City

State

KS

Zip Code

66160-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Francis Fam Prac Residency

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2012

Transaction ID : C1868958

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. L Allen Dobson MD

Mailing Address 599 Jackson St

City

Mt Pleasant

State

NC

Zip Code

28124-9738

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cabarrus Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : C1858192

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Shannon Brown Dowler MD

Mailing Address 107 Windgate Pl

City

Asheville

State

NC

Zip Code

28805-1181

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blue Ridge Community Health Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : C1858171

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Thomas P Fantes MD

Mailing Address 40 John Kesson Ln

City

Middletown

State

RI

Zip Code

02842-4663

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : C1859229

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

780.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Doreen E Feldhouse MD

Mailing Address 1043 Sir James Ave

City

Dyersburg

State

TN

Zip Code

38024-7344

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Care, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 08 / 2012

Transaction ID : C1862299

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. David Richard Field Field

Mailing Address 2021 W Harbor Dr

City

Bismarck

State

ND

Zip Code

58504-8913

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedCenterOne

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 22 / 2012

Transaction ID : C1859230

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. James G Fieseher MD

Mailing Address 330 Borthwick Ave Ste 210

City

Portsmouth

State

NH

Zip Code

03801-7111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 31 / 2012

Transaction ID : C1861197

Amount of Each Receipt this Period

365.00

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TOTAL This Period (last page this line number only)..... ►

495.00

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wanda D Filer MD

Mailing Address 510 Aqua Ct

City State Zip Code
 York PA 17403-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Strategic Health Institute

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 31 2012

Transaction ID : C1865656

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Bradley P Fox MD

Mailing Address 5770 Ruhl Rd

City State Zip Code
 Fairview PA 16415-2533

FEC ID number of contributing
federal political committee.

C

Name of Employer
 St. Vincent Health System

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 24 2012

Transaction ID : C1858184

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Jennifer Emma Frank MD

Mailing Address 1380 Lusitana St Ste 904

City State Zip Code
 Honolulu HI 96813-2448

FEC ID number of contributing
federal political committee.

C

Name of Employer
 University of Hawaii

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 31 2012

Transaction ID : C1861168

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1080.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Deborah Geismar Md Geismar MD

Mailing Address 822 Monroe St

City

Evanston

State

IL

Zip Code

60202-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Medicine Associates of Lutheran

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2012

Transaction ID : C1861492

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dennis Lynn Gingrich MD

Mailing Address HMC, FAMILY MEDICINE, H154
500 University Dr

City

Hershey

State

PA

Zip Code

17033-2360

FEC ID number of contributing
federal political committee.

C

Name of Employer

Penn State University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2012

Transaction ID : C1858185

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Roland Adolph Goertz MD

Mailing Address 1600 Providence Dr

City

Waco

State

TX

Zip Code

76707-2261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Practice Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2012

Transaction ID : C1861813

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1165.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Deborah V Goodwin MD

Mailing Address 9521 Bottle Creek Ln

City

Las Vegas

State

NV

Zip Code

89117-0501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. Medical Center, Southern Nevada

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 18 / 2012

Transaction ID : C1849978

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Victoria Ann Gorski MD

Mailing Address 3544 Jerome Ave

City

Bronx

State

NY

Zip Code

10467-1005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 05 / 2012

Transaction ID : C1861728

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Robert Graham MD

Mailing Address 1135 Fort View Pl

City

Cincinnati

State

OH

Zip Code

45202-1713

FEC ID number of contributing
federal political committee.

C

Name of Employer

George Washington Clinic

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 12 / 2012

Transaction ID : C1866582

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael H Hartsell MD

Mailing Address 1404 Tusculum Blvd
 MOB # 3 Suite 2100

City State Zip Code
 Greeneville TN 37745-4329

FEC ID number of contributing
federal political committee.

C

Name of Employer

Summit Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 12 / 2012

Transaction ID : C1866583

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Allen Harwood MD

Mailing Address PO BOX 125
 187 West Main Street

City State Zip Code
 New London OH 44851-0125

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 22 / 2012

Transaction ID : C1854076

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Lori J Heim MD

Mailing Address 250 Hollybrook Farm Ln

City State Zip Code
 Vass NC 28394-8952

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scotland Memorial Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

784.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : C1860215

Amount of Each Receipt this Period

112.00

SUBTOTAL of Receipts This Page (optional)..... ►

842.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel J Heinemann MD

Mailing Address 1305 W 18th St

City

Sioux Falls

State

SD

Zip Code

57105-0401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sioux Valley Health Systems

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

10 / 18 / 2012

Transaction ID : C1865651

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mikel D Holland MD

Mailing Address 100 Mac Ln

City

Pierre

State

SD

Zip Code

57501-3391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Avera Medical Group Pierre

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 31 / 2012

Transaction ID : C1861169

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Joseph M Jeu MD

Mailing Address 3958 Leap Rd Ste 101

City

Hilliard

State

OH

Zip Code

43026-3107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hilliard Family Medicine, Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 22 / 2012

Transaction ID : C1853841

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carol Ann Johnson MD

Mailing Address 5303 E 46th St N

City State Zip Code
 Bel Aire KS 67220-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Physicians of Kansas

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 29 2012

Transaction ID : C1866626

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. David Andrew Johnson MD

Mailing Address 1286 Santa Fe Ct

City State Zip Code
 Minden NV 89423-8899

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carson Tahoe Physicians Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 18 2012

Transaction ID : C1850440

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

C. David Andrew Johnson MD

Mailing Address 1286 Santa Fe Ct

City State Zip Code
 Minden NV 89423-8899

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carson Tahoe Physicians Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 18 2012

Transaction ID : C1868837

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

490.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jessica Johnson

Mailing Address 38 Hall St

City

Newington

State

CT

Zip Code

06111-2553

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Medical Student

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

505.00

Date of Receipt

11 / 15 / 2012

Transaction ID : C1868499

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Philip Kaplan MD

Mailing Address 4303 Watervale Rd

City

Manlius

State

NY

Zip Code

13104-8413

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 25 / 2012

Transaction ID : C1859274

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

C. James Darrel King MD

Mailing Address 270 E Court Ave
Ste B

City

Selmer

State

TN

Zip Code

38375-2304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Primecare Medical Center

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 18 / 2012

Transaction ID : C1850953

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

540.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 64
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas A Kintanar MD

Mailing Address 10020 Dupont Circle Ct Ste 110

City

State

Zip Code

Fort Wayne

IN

46825-1621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Associated Family Medical Consultants

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Transaction ID : C1858064

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Laura C Knobel MD

Mailing Address 3 Freedom Way

City

State

Zip Code

Walpole

MA

02081-2290

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2012

Transaction ID : C1868791

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

c. Marianne C LaBarbera MD

Mailing Address 1776 Richmond Rd

City

State

Zip Code

Staten Island

NY

10306-2578

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

319.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2012

Transaction ID : C1856079

Amount of Each Receipt this Period

45.62

SUBTOTAL of Receipts This Page (optional)..... ►

560.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marianne C LaBarbera MD

Mailing Address 1776 Richmond Rd

City

Staten Island

State

NY

Zip Code

10306-2578

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.34

Date of Receipt

11 / 23 / 2012

Transaction ID : C1870100

Amount of Each Receipt this Period

45.62

Full Name (Last, First, Middle Initial)

B. C Tim Lambert MD

Mailing Address 1905 Chapel Cv
Ste 340

City

Rowlett

State

TX

Zip Code

75088-1571

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baylor Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 18 / 2012

Transaction ID : C1850951

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Jay Won Lee MD

Mailing Address 450 E Spring St Ste 1

City

Long Beach

State

CA

Zip Code

90806-1625

FEC ID number of contributing
federal political committee.

C

Name of Employer

UC Irvine School of Medicine

Occupation

Associate Clinical Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 23 / 2012

Transaction ID : C1857660

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

775.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Lentini DO

Mailing Address 382 Grove St

City

Braintree

State

MA

Zip Code

02184-7324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Braintree Fam Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2012

Transaction ID : C1855760

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Paula Leonard-Schwartz MD

Mailing Address 121 Madeline Rd

City

Manchester

State

NH

Zip Code

03104-2017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Catholic Medican Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2012

Transaction ID : C1854570

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Patricia Jean Lindholm MD

Mailing Address 615 S Mill St

City

Fergus Falls

State

MN

Zip Code

56537-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Region Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2012

Transaction ID : C1860216

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1740.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew Lutzkanin

Mailing Address 1835 Blacklatch Ln

City

Middletown

State

PA

Zip Code

17057-2984

FEC ID number of contributing
federal political committee.

C

Name of Employer

Penn State College of Medicine

Occupation

Medical Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : C1858110

Amount of Each Receipt this Period

36.50

Full Name (Last, First, Middle Initial)

B. Andrew Lutzkanin

Mailing Address 1835 Blacklatch Ln

City

Middletown

State

PA

Zip Code

17057-2984

FEC ID number of contributing
federal political committee.

C

Name of Employer

Penn State College of Medicine

Occupation

Medical Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 24 / 2012

Transaction ID : C1870118

Amount of Each Receipt this Period

36.50

Full Name (Last, First, Middle Initial)

C. Colleen C Lyons MD

Mailing Address 2874 N Carson St Ste 127

City

Carson City

State

NV

Zip Code

89706-1681

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Family Medicine Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2012

Transaction ID : C1868957

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

823.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ada Maria Marin MD

Mailing Address PO BOX 177109

City State Zip Code
 San Diego CA 92177-0109

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Metro Family Physicians Medical Group,

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 21 / 2012

Transaction ID : C1870258

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Renee L Markovich MD

Mailing Address Akron General Center for Family Me
 400 Wabash Ave

City State Zip Code
 Akron OH 44307-2433

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Akron General Medical Center

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 22 / 2012

Transaction ID : C1854103

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Pamela H McDonald MD

Mailing Address 6056 44th Ave NE

City State Zip Code
 Seattle WA 98115-7514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : C1864106

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

665.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : C1850139

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : C1859277

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : C1859278

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

10 / 31 / 2012

Transaction ID : C1861209

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

11 / 09 / 2012

Transaction ID : C1865021

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

11 / 20 / 2012

Transaction ID : C1868968

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew J Merritt MD

Mailing Address 28 1/2 E Main St

City

Marcellus

State

NY

Zip Code

13108-1226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : C1858174

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. F Bradford Bradford Meyers MD

Mailing Address PO Box 414

152 W Garland St

City

Jefferson

State

WI

Zip Code

53549-0414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockwood Family Health LLC

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 16 / 2012

Transaction ID : C1868737

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. Elisaebth Fowlie Fowlie Mock MD

Mailing Address 46 Clark Hill Rd

City

Holden

State

ME

Zip Code

04429-7253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Maine Medical Center

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2012

Transaction ID : C1860123

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

790.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anne M Montgomery MD

Mailing Address 1708 S Martin St

City

Spokane

State

WA

Zip Code

99203-3751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 20 / 2012

Transaction ID : C1853211

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Elaine Moore MD

Mailing Address 311 8th Ave

City

Saint Albans

State

WV

Zip Code

25177-2855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 22 / 2012

Transaction ID : C1853510

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Jennifer Leigh Mullendore MD

Mailing Address 175 S Lexington Ave Unit 206

City

Asheville

State

NC

Zip Code

28801-3628

FEC ID number of contributing
federal political committee.

C

Name of Employer

Buncombe County

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 12 / 2012

Transaction ID : C1862289

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Susan Murphey MD

Mailing Address 151 Eastbrook Dr

City

Boone

State

NC

Zip Code

28607-3667

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 14 / 2012

Transaction ID : C1866606

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. LeeAnna Irvine Muzquiz MD

Mailing Address 38580 Dubay Road

City

Polson

State

MT

Zip Code

59860-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Confederated Salish & Kootenai Tribes

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2012

Transaction ID : C1854101

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Julio E Navarro MD

Mailing Address 927 Mather Dr

City

Bear

State

DE

Zip Code

19701-4945

FEC ID number of contributing
federal political committee.

C

Name of Employer

Horizons Family Practice PA

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2012

Transaction ID : C1857663

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1730.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 64
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gwendolyn A Oran MD

Mailing Address 295 Lakepoint PI N
Apt 244

City State Zip Code
Keizer OR 97303-8319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2012

Transaction ID : C1861171

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Javette C Orgain MD

Mailing Address PO Box 806527

City State Zip Code
Chicago IL 60680-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF ILLINOIS COLLEGE OF
MEDICINE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2012

Transaction ID : C1860104

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Maureen O Padden MD, MPH

Mailing Address 2300 E St Nw
Bureau Of Medicine And Surgery

City State Zip Code
Washington DC 20372-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Navy

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 02 / 2012

Transaction ID : C1875040

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

260.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Adriana Rose Padilla MD

Mailing Address 845 W Princeton Ave

City

Fresno

State

CA

Zip Code

93705-4533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 05 / 2012

Transaction ID : C1861736

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Cornell Peters MD

Mailing Address 1051 Pio Nono Ave Ste A

Macon Family Health Center

City

Macon

State

GA

Zip Code

31204-4016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Macon Family Health Center

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 31 / 2012

Transaction ID : C1861208

Amount of Each Receipt this Period

91.25

Full Name (Last, First, Middle Initial)

C. Larry Pheifer

Mailing Address 210 Green Bay Rd

Executive Dir WI AFP

City

Thiensville

State

WI

Zip Code

53092-1616

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chapter Executive

Occupation

WI AFP

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 24 / 2012

Transaction ID : C1858190

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

506.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kami S Phillips MD

Mailing Address 25 Fieldstone Dr

City

Gardner

State

MA

Zip Code

01440-1283

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2012

Transaction ID : C1855759

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Francis L Pisney MD

Mailing Address 322 1/2 College Ave

City

Iowa Falls

State

IA

Zip Code

50126-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ellsworth Hospital

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2012

Transaction ID : C1861737

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Christine C Ponzio MD

Mailing Address PO Box 646

1007 Iverson Circle

City

Salinas

State

CA

Zip Code

93902-0646

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gonzales Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2012

Transaction ID : C1868955

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

980.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michelle Quiogue MD

Mailing Address 2460 Pine St

City

Bakersfield

State

CA

Zip Code

93301-2742

FEC ID number of contributing
federal political committee.

C

Name of Employer

KP-SCPMG

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : C1850439

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Michelle Quiogue MD

Mailing Address 2460 Pine St

City

Bakersfield

State

CA

Zip Code

93301-2742

FEC ID number of contributing
federal political committee.

C

Name of Employer

KP-SCPMG

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2012

Transaction ID : C1868836

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Sterling N Ransone MD

Mailing Address PO Box 711

151 Deer Path

City

Cobbs Creek

State

VA

Zip Code

23035-0711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverside Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : C1858188

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Raymond Randolph Reese MD

Mailing Address 1108 Terrell St

City

Cuero

State

TX

Zip Code

77954-3458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.25

Date of Receipt

10 / 31 / 2012

Transaction ID : C1861193

Amount of Each Receipt this Period

92.00

Full Name (Last, First, Middle Initial)

B. Leonard Daniel Reeves MD

Mailing Address GA Health Sciences Univ MCG NW GA
Heritage hall 415 E Third Avenue

City

Rome

State

GA

Zip Code

30161

FEC ID number of contributing
federal political committee.

C

Name of Employer

GHSU

Occupation

Physician-Asst Dean

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 23 / 2012

Transaction ID : C1855761

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael S Reeves MD

Mailing Address 10821 Forest Dr

City

Anchorage

State

AK

Zip Code

99516-1393

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Park Family Care

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 31 / 2012

Transaction ID : C1861179

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

942.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 42 OF 64
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kenneth K Renwick MD

Mailing Address PO BOX 190

City	State	Zip Code
Soulsbyville	CA	95372-0190

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indian Health CenterOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2012

Transaction ID : C1862291

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Randy J Rice MD

Mailing Address 4570 County Road 61

City	State	Zip Code
Moose Lake	MN	55767-9401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gateway Family Health ClinincOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2012

Transaction ID : C1858149

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Elisabeth L Righter MD

Mailing Address 267 Park Dr

City	State	Zip Code
Dayton	OH	45410-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wright State University BSMOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2012

Transaction ID : C1854548

Amount of Each Receipt this Period

333.33

SUBTOTAL of Receipts This Page (optional)..... ►

798.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Elisabeth L Righter MD

Mailing Address 267 Park Dr

City
Dayton

State
OH

Zip Code
45410-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wright State University BSM

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.66

Date of Receipt

11 / 23 / 2012

Transaction ID : C1870101

Amount of Each Receipt this Period

333.33

Full Name (Last, First, Middle Initial)

B. Glenn Sumner Rodriguez MD

Mailing Address 0235 SW Canby St

City
Portland

State
OR

Zip Code
97219-2947

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Health Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 24 / 2012

Transaction ID : C1858182

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Daniel E Roth MD

Mailing Address 410 30th St

City
San Francisco

State
CA

Zip Code
94131-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Family Practice

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 22 / 2012

Transaction ID : C1853509

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1198.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 64
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul David Salzberg MD

Mailing Address PO BOX 898

City
CallicoonState
NYZip Code
12723-0898FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	10	/	2012

Transaction ID : C1865370

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Sarah L Sams MD

Mailing Address 2994 Frazell Rd

City
HilliardState
OHZip Code
43026-9785FEC ID number of contributing
federal political committee.

C

Name of Employer

Grant Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	20	/	2012

Transaction ID : C1865653

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Sarah L Sams MD

Mailing Address 2994 Frazell Rd

City
HilliardState
OHZip Code
43026-9785FEC ID number of contributing
federal political committee.

C

Name of Employer

Grant Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	20	/	2012

Transaction ID : C1875043

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

240.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lise K Satterfield MD

Mailing Address 1905 Corbridge Ln

City

Monkton

State

MD

Zip Code

21111-2027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clinical Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 20 / 2012

Transaction ID : C1868953

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Madalyn Schaeffgen MD

Mailing Address 1025 Newgate Dr

City

Allentown

State

PA

Zip Code

18103-9263

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lehigh Valley Physicians Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 24 / 2012

Transaction ID : C1858183

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Christine C Schaller MD

Mailing Address 77 Poplar Dr

City

Grangeville

State

ID

Zip Code

83530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 12 / 2012

Transaction ID : C1862292

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

715.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Erika Schillinger MD

Mailing Address PO Box 620685

City
Woodside

State
CA

Zip Code
94062-0685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stanford University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 21 / 2012

Transaction ID : C1870327

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Paula L Schultz MD

Mailing Address PO BOX 729

City
Woodville

State
TX

Zip Code
75979-0729

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 20 / 2012

Transaction ID : C1868949

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Larry A Severa MD

Mailing Address 61 Calendula Ct

City
Billings

State
MT

Zip Code
59105-2379

FEC ID number of contributing
federal political committee.

C

Name of Employer

Billings Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 24 / 2012

Transaction ID : C1858153

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

665.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Linda Marie Siy MD

Mailing Address 4133 Bilglade Rd

City

Fort Worth

State

TX

Zip Code

76109-5436

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of North Texas Health Scien

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

10 / 30 / 2012

Transaction ID : C1860213

Amount of Each Receipt this Period

36.50

Full Name (Last, First, Middle Initial)

B. Lisa Gail Soldat MD

Mailing Address 6940 NW Beaver Dr

City

Johnston

State

IA

Zip Code

50131-1246

FEC ID number of contributing
federal political committee.

C

Name of Employer

Broadlawns Medical Center

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

11 / 19 / 2012

Transaction ID : C1869058

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Windel A Stracener MD

Mailing Address 1333 Hunters Pointe Dr

City

Richmond

State

IN

Zip Code

47374-7184

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inpatient Management Inc

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1312.50

Date of Receipt

11 / 08 / 2012

Transaction ID : C1862298

Amount of Each Receipt this Period

187.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

274.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael P Temporal MD

Mailing Address 180 S 3Rd St Ste 400

City
Belleville

State
IL

Zip Code
62220-1952

FEC ID number of contributing
federal political committee.

C

Name of Employer

So. Illinois Healthcare Foundation

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2012

Transaction ID : C1865570

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. William James Thrift MD

Mailing Address 2501 N Woodland Hills Dr

City

Prescott

State

AZ

Zip Code

86305-4096

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed - Emergency Medical Cont

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2012

Transaction ID : C1857661

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Kimberly L Tjaden MD

Mailing Address 1490 Riverside Ave N

City

Sartell

State

MN

Zip Code

56377-2348

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2012

Transaction ID : C1859239

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

515.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pamela W Tuck MD

Mailing Address 4135 Atlanta Hwy

City

Montgomery

State

AL

Zip Code

36109-3022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 08 / 2012

Transaction ID : C1862297

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Lisa Maria Ward MD

Mailing Address 1223 Janet Way

City

Santa Rosa

State

CA

Zip Code

95405

FEC ID number of contributing
federal political committee.

C

Name of Employer

UC Davis

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 31 / 2012

Transaction ID : C1861175

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. E Mark Watts MD

Mailing Address 2726 Cornwallis Ave SE

City

Roanoke

State

VA

Zip Code

24014-3342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cavilier Faculty Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 21 / 2012

Transaction ID : C1870346

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lise S Weisberger MD

Mailing Address 9509 Kedvale Ave

City
Skokie

State
IL

Zip Code
60076-1424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advocate Health Family Practice

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 20 / 2012

Transaction ID : C1868964

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Shawn Harper Dic West MD

Mailing Address 7315 212th St Sw Ste 101

EDMONDS FAMILY MEDICINE

City

Edmonds

State

WA

Zip Code

98026-7610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Puget Sound Family Physicians

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 31 / 2012

Transaction ID : C1861176

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Richard Andre Wherry MD

Mailing Address 59 Tipton Dr

City

Dahlonega

State

GA

Zip Code

30533-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chestatee Regional Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

11 / 17 / 2012

Transaction ID : C1868792

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

665.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Patricia R Witte MD

Mailing Address 335 W Doty St
Apt 302

City Madison State WI Zip Code 53703-3147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Group Health Cooperative

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 14 / 2012

Transaction ID : C1866611

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

33380.64

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code
 Leawood KS 66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7420.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 18 2012

Transaction ID : C1850952

Amount of Each Receipt this Period

58.23

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

58.23

58.23

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/
Type

8.13

Category/
Type

27.08

Category/
Type

11.86

Age Group	Percentage
18-24	10.0%
25-34	10.0%
35-44	10.0%
45-54	10.0%
55-64	10.0%
65-74	10.0%
75-84	10.0%
85+	47.0%

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/
Type

0.65

Category/
Type

13.16

Category/
Type

87.35

101.16

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2012

Transaction ID : D138873

Amount of Each Disbursement this Period

81.58

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2012

Transaction ID : D138874

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2012

Transaction ID : D139793

Amount of Each Disbursement this Period

4.06

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

93.59

--

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

A. American Express

13.81

State: District:

B. American Express

State: District:

12.03

C. American Express

State: District:

3.25

Category	Percentage
Do not use a mobile phone	29.09

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City State Zip Code
 Phoenix AZ 85072-3852

Purpose of Disbursement
 Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 11 / 13 / 2012

Transaction ID : D139797

Amount of Each Disbursement this Period

2.61

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City State Zip Code
 Phoenix AZ 85072-3852

Purpose of Disbursement
 Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 11 / 14 / 2012

Transaction ID : D139798

Amount of Each Disbursement this Period

3.25

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City State Zip Code
 Phoenix AZ 85072-3852

Purpose of Disbursement
 Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
 11 / 20 / 2012

Transaction ID : D139799

Amount of Each Disbursement this Period

10.83

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16.69

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Three date pickers are shown, each with a label above it and a date below it. The first picker is labeled 'Month' and shows '11'. The second is labeled 'Day' and shows '23'. The third is labeled 'Year' and shows '2012'. Each picker has a grid of buttons for selection.

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

The three grids are:

- Grid 1 (11):** Top row has dots at (1,1), (1,3), and (1,5); middle row has dots at (2,1), (2,3), and (2,5); bottom row has dots at (3,1), (3,3), and (3,5).
- Grid 2 (01):** Top row has dots at (1,1), (1,3), and (1,5); middle row has dots at (2,1), (2,3), and (2,5); bottom row has dots at (3,1), (3,3), and (3,5).
- Grid 3 (2012):** Top row has dots at (1,1), (1,3), (1,5), (1,7), and (1,9); middle row has dots at (2,1), (2,3), (2,5), (2,7), and (2,9); bottom row has dots at (3,1), (3,3), (3,5), (3,7), and (3,9).

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

424.93

426.88

714.48

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 64

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. CHRISTIE VILSACK FOR IOWA

Mailing Address PO Box 641

City	State	Zip Code
Ames	IA	50010-0641

Purpose of Disbursement
Campaign contribution

Candidate Name

Ms. Christie VilsackOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2012

Transaction ID : D138651

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. JOHN S FUNDMailing Address 499 S Capitol St SW
Ste 420

City	State	Zip Code
Washington	DC	20003-4027

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2012

Transaction ID : D138649

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. PAC TO THE FUTUREMailing Address 700 13th St NW
Ste 600

City	State	Zip Code
Washington	DC	20005-3960

Purpose of Disbursement
Voided check

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Transaction ID : D138580

Amount of Each Disbursement this Period

-5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-1000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. PAC TO THE FUTUREMailing Address 700 13th St NW
Ste 600

City Washington State DC Zip Code 20005-3960

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2012

Transaction ID : D138581

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Cathy McMorris RodgersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2012

Transaction ID : D138650

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
Campaign contribution -- runoff

Candidate Name

Rep. Charles Boustany Jr.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼

State: LA District: 07

Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2012

Transaction ID : D139029

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City	State	Zip Code
HOPKINSVILLE	KY	42241

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Edward WhitfieldOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2012

Transaction ID : D138653

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. STIVERS FOR CONGRESS

Mailing Address 4679 Winterset Drive

City	State	Zip Code
Columbus	OH	43220

Purpose of Disbursement
campaign contributon

Candidate Name

Rep. Steve StiversOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2012

Transaction ID : D138652

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. GRAVES FOR CONGRESS

Mailing Address PO BOX 335

City	State	Zip Code
CALHOUN	GA	30703

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Tom GravesOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2012

Transaction ID : D138654

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 64

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. MCCONNELL SENATE COMMITTEE '14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2012

Mailing Address PO BOX 1496

City	State	Zip Code
LOUISVILLE	KY	40201

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Mitch McConnell

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 00

Category/
Type**Transaction ID : D139038**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MCCONNELL SENATE COMMITTEE '14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2012

Mailing Address PO BOX 1496

City	State	Zip Code
LOUISVILLE	KY	40201

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Mitch McConnell

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 00

Category/
Type**Transaction ID : D139039**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

20500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 64

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Salvatore Bernardo Md Bernardo MD

Mailing Address 131 Pin Oak Rd

City	State	Zip Code
Freehold	NJ	07728-9313

Purpose of Disbursement
Refund of incorrectly entered donation

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2012

Transaction ID : D139045

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Patricia A Czapp MD

Mailing Address 102 Melvin Ave

City	State	Zip Code
Annapolis	MD	21401-1221

Purpose of Disbursement
Refund of contribution made on 10.18.12

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2012

Transaction ID : D138718

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael Wayne Montesi MDMailing Address 810 E Sunflower Rd
Ste 100A

City	State	Zip Code
Cleveland	MS	38732-2828

Purpose of Disbursement
Refund for donation incorrectly entered on 10.17.12

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2012

Transaction ID : D138469

Amount of Each Disbursement this Period

365.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1365.00

--

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Academy of Family Physicians Political Action Committee

A. Dr. Gale J Skousen MD

Mailing Address 630 E 770 S

City	State	Zip Code
Payson	UT	84651-1648

Purpose of Disbursement	Refund to donor
-------------------------	-----------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D139648

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	10
25-34	15
35-44	20
45-54	25
55-64	30
65-74	35
75-84	40
85+	50

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

A diagram of a rectangular frame. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by vertical supports. The top beam has several small rectangular protrusions along its length. The bottom beam has several small rectangular protrusions along its length, with some of them being larger and more prominent than others.

SUBTOTAL of Disbursements This Page (optional).....

50.00

TOTAL This Period (last page this line number only).....

1415.00